

Oppose HB2009
Protect Small School Districts, Keep Children in School
Washington is Very Well Vaccinated, Exemption Use is Low, Declining and Responsible
Executive Summary- Exhibits Attached

HB 2009 would eliminate Informed Choice / Personal Belief exemptions from school attendance required vaccines. This bill is not needed. Exemption use is low and responsible. HB2009 would improperly deny children of their Washington State Constitutionally guaranteed education for missing as little as a single injection with no corresponding increase in student, school, or community safety.

The K-12 exemption rate is only 4.1%, the Kindergarten rate is 3.1%, and both are declining. Very few exemption users have no vaccines. The majority of exemption use is for selective vaccination where a parent is avoiding a follow up dose of a vaccine that caused an unacceptable reaction, or to avoid the recently added Chicken Pox, or to opt out of Hepatitis B, which cannot be contracted in the school setting. **In the overall K-12 system no vaccine is exempted greater than 3.2% from all types combined- Medical, Personal Belief and Religious.** That is the maximum downward effect exemptions can have on vaccination rates. **100% - 3.2% = 96.8%. Any rates below 96.8% are unrelated to exemptions.**

Exempt does not mean Unvaccinated. Washington requires 16 vaccine injections for Kindergarten to 5th grade attendance, a 6th TDaP for 6th to 12th grade, and an additional 9 injections for Child Care and Pre-School. A Washington child in State Licensed facilities is subject to 26 injections birth through High School graduation. There are no single shot vaccinations, there are seven, 2 to 6 injection vaccine series. **An exemption is required to miss any single injection of any of the series, and the WA DOH classifies any child as “exempt” even if they are missing only 1 injection. A child with 15 of 16 injections or 0 of 16 injections for Kindergarten are both classified exempt. It is an “all or nothing” measurement.**

What about “low” Kindergarten vaccination rates? The K exemption rate is only 3.1%. $100\% - 3.1\% = 96.9\%$. **Rates below 96.9% are due to the 10.9% “Out of Compliance” category, not exemptions.** 4 of the 16 Kindergarten injections are CDC scheduled between age 4 and 6. WA enrolls children into Kindergarten who turn age 5 just days before school starts. Younger children are still getting final injections during the Kindergarten school year. WA DOH does not credit incomplete series and categorizes children still in process of getting final vaccine series injections as “Out of Compliance”, until “Complete”. The report closes on November 1, and is a snapshot of the first eight weeks of the school year. As soon as all the children age into final injections the documented vaccination rates are 95% +.

What about “Dangerous Pockets?” “Dangerous Pockets” are a measuring artifact, and created, by classifying any child who is less than 16/16 injections (Kindergarten), or 17/17 injections (6th to 12th grade) “Exempt”, and using percentages to measure “Exempt”, in small populations. WA School Districts range in enrollment from as few as 14 children (Benge & Shaw Island), where each child who is less than 16/16 or 17/17 adds 7.14% to the exemption rate, to 67,000 (Seattle), where one child adds only .0014% to the exemption rate. **“Dangerous Pockets” are created by the measurement policies.**

The bill will not “raise” vaccination rates. Vaccination rates are already over 95% once the children are of age, raise them to where? **It will simply drive children with less than 16/16 & 17/17 injections out of school. No Parent is casually or recklessly using an exemption.** The pressure to vaccinate is quite strong and no parent does so without a great deal of thought and consideration. Parents must meet with and have the Exemption form signed by a Doctor. These are deeply held positions, **and a rule change won’t “make parents just start vaccinating”, because for the most part they already are, or have vaccinated.** Parents are responsibly using exemptions to direct their child’s health care. **The State should not be conditioning a child’s education on compliance to a medical procedure requiring informed consent.**

Oppose HB2009- School funding formulas are based on enrollment. Requiring small districts to bar less than 16/16 & 17/17 injection children will disproportionately harm them.

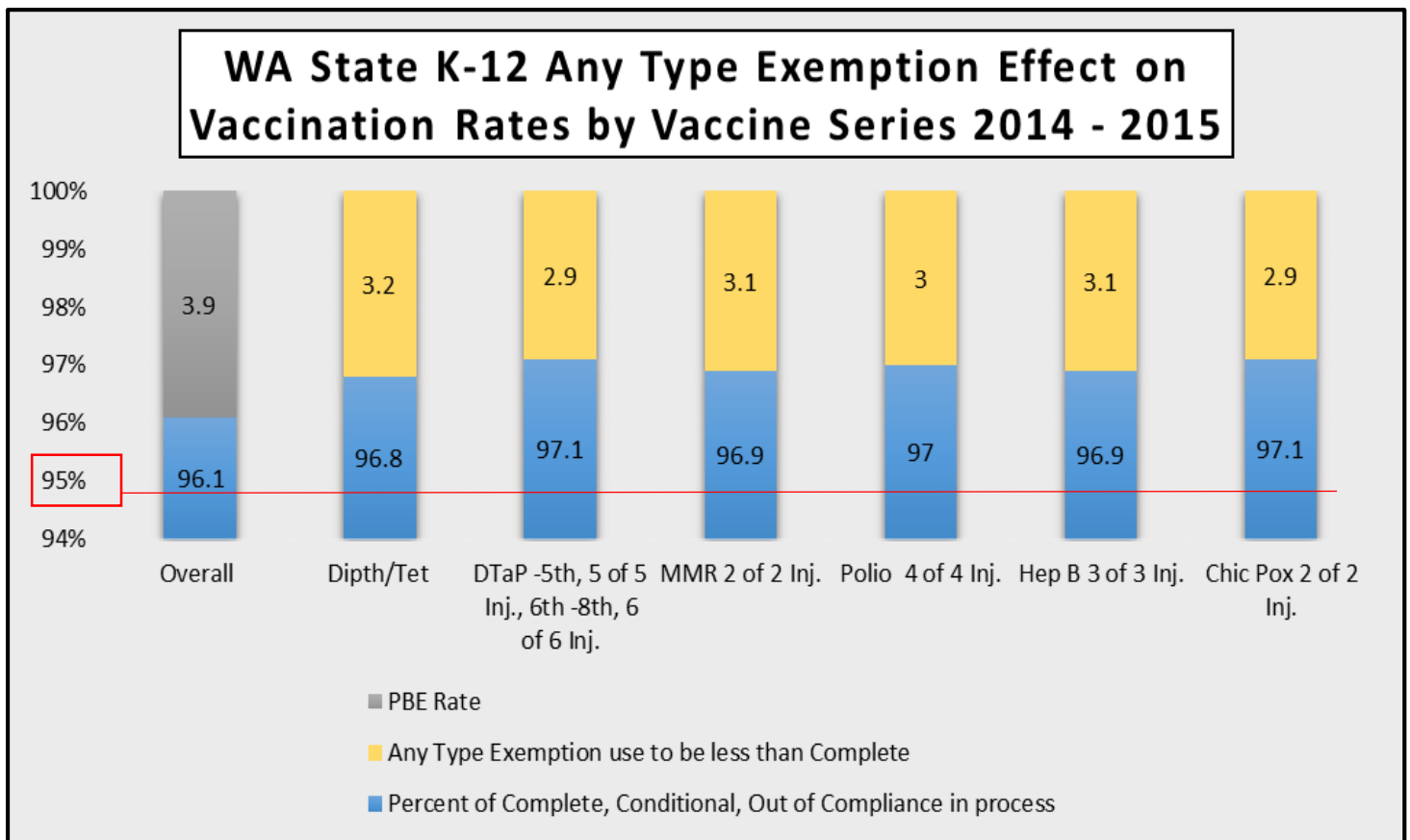
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An Exemption is needed to be less than 'Complete' of all injections in a vaccine series- i.e. DTaP- 5 of 5 (Kinder-5th grade) or 6 of 6 (6th-12th grade) injections, 4 of 4 Polio, 2 of 2 MMR, 3 of 3 Hepatitis B, or 2 of 2 Chicken Pox injections.

No Vaccine injection series in WA is exempted more than 3.2% from all types of exemptions combined, Medical & Non-Medical, to be less than "Complete" for all injections. The difference in rates between series is due to selective vaccination.

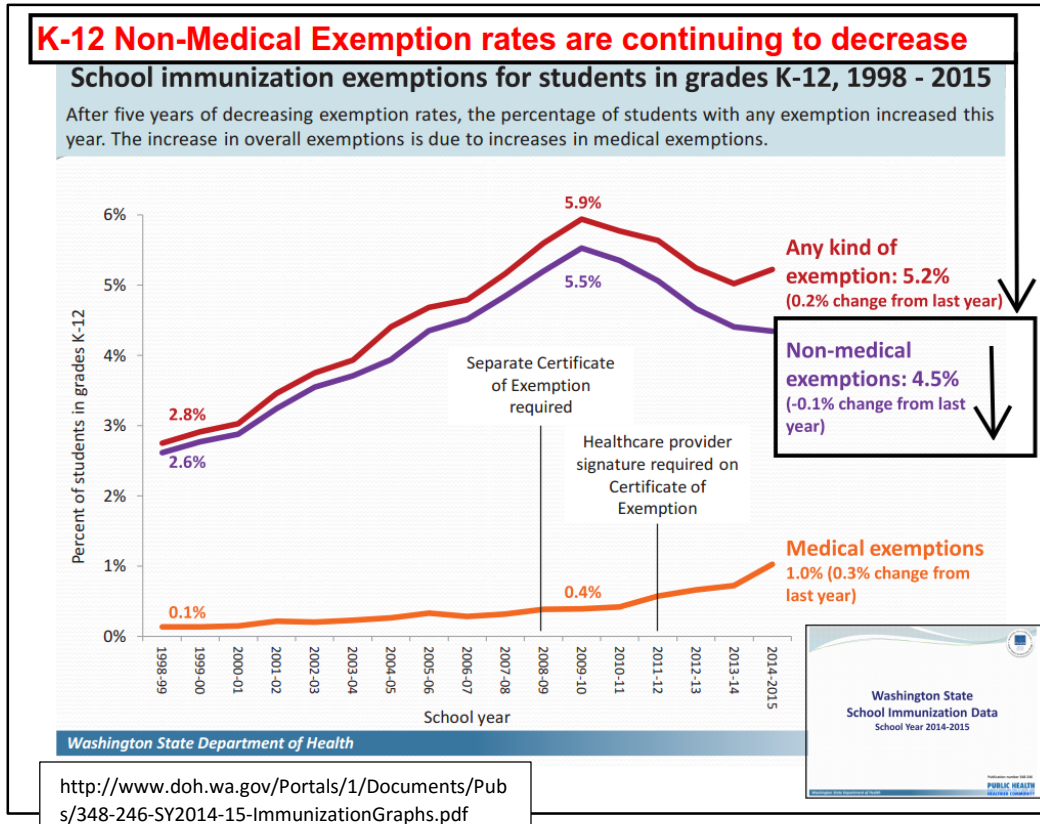
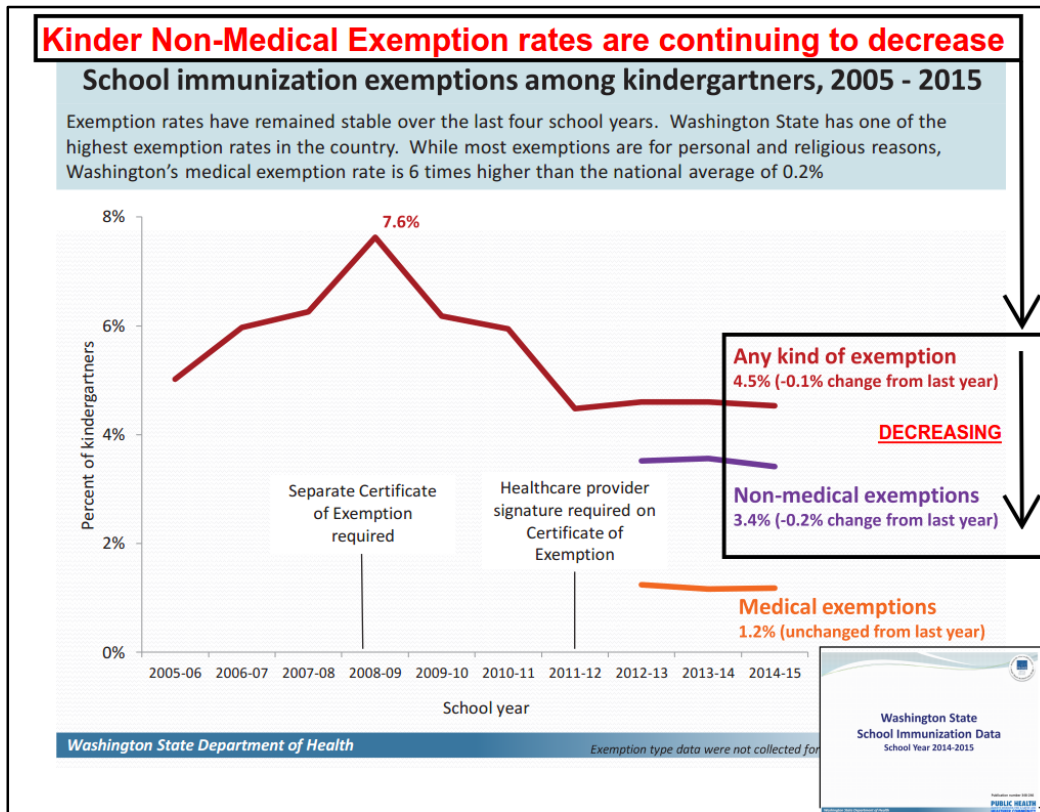
All vaccine injection series have a minimum 96.8% rate of "Complete", or in the process of becoming complete measured as "Out of Compliance" or "Conditional"

3.2% is the maximum downward pressure exemptions place on vaccination rates. Any vaccination rate measurement below 96.8% unrelated to exemption use.



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Non-Medical Exemption Rates are declining in Kindergarten and K-12.



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CDC: EXEMPTION DOES NOT MEAN UNVACCINATED

CDC Home
Centers for Disease Control and Prevention
CDC 24/7: Saving Lives. Protecting People.™

SEARCH SEARCH

A-Z Index **A B C D E F G H I J K L M N O P Q R S T U V W X Y Z #**

Morbidity and Mortality Weekly Report (MMWR)

...a child with an exemption is not necessarily Unvaccinated.

More than 99% of the 2008–2009 birth cohorts who became kindergartners in 2013–14 received at least one vaccine in early childhood.

An exemption might be provided for all vaccines even if a child missed a single vaccine dose or vaccine, or different exemptions might be provided for different vaccinations.

A parent or guardian might choose to complete the required exemption paperwork if that is more convenient than having a child vaccinated or documenting a kindergartner's vaccination history at school enrollment, which might be the reason for up to 25% of nonmedical exemptions (7–9).

<http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6341a1.htm>

Certificate of Immunization Status (CIS)

DOH 348-013 Jan

Please print. See back for instructions on how to fill out this form or get it printed from the Immunization Information System.

Child's Last Name: _____ First Name: _____ Middle Initial: _____ Birthdate (mm/dd/yyyy): _____

☒ Required for School and Child Care/Preschool
☒ Required for Child Care/Preschool Only
☐ Recommended, but not required

I certify that the information provided form is correct and verifiable.

Parent/Guardian Signature Required _____

Vaccine	Dose	Month	Day	Year
Hepatitis B (Hep B)				
	1			
	2			
	3			
or Hep B - 2 dose alternate schedule for teens				
	1			
	2			
Rotavirus (RV1, RV5)				
	1			
	2			
	3			
Diphtheria, Tetanus, Pertussis (DTaP, DTP, DT)				
	1			
	2			
	3			
	4			
	5			
Tetanus, Diphtheria, Pertussis (Tdap)				
	1			
Tetanus, Diphtheria (Td)				
	1			
	2			
Haemophilus influenzae ty				
	1			
	2			
	3			
	4			
Influenza (flu, most recent)				
	1			

Office Use Only: Reviewed by: _____ Date: _____

Exemptions in WA are measured, "All or Nothing", for completed multi-dose series.

A student who has 2 of 2 MMR & Chicken Pox, 4 of 4 Polio, 3 of 3 Hep B, but 4 of 5 DTaP, is counted by WA DOH as "EXEMPT".

0 of 16 Shots = EXEMPT
15 of 16 Shots = EXEMPT

EXEMPT does not mean "unvaccinated"

EXEMPT means an uncompleted series

An Exemption is required to opt out of ANY SINGLE SHOT of the Red vaccine series for K-12, or Green and Red for Child Care / Preschool

I certify that the child named on this CIS has laboratory evidence of immunity (titer) to the diseases marked.
 Signed lab report(s) MUST also be attached.

☐ Diphtheria ☐ Mumps ☐ Other: _____
☐ Hepatitis A ☐ Polio _____
☐ Hepatitis B ☐ Rubella _____
☐ Hib ☐ Tetanus _____
☐ Measles ☐ Varicella _____

Licensed healthcare provider signature _____ Date _____
(MD, DO, ND, PA, ARNP)
 Printed Name: _____

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WA Kindergarten Children are not “un-vaccinated”, they are “Out of Compliance”.
“Out of Compliance” means still in the process of becoming “Complete”.

Washington State Vaccination Coverage Report Compilation
CDC NIS 1-35 Month olds, WA DOH Kindergarten, WA DOH 6th Grade, WA DOH Statewide

Age	Any Ex	Med Ex	Per Bel Ex	Rel Ex	Diph Tet	Pert	MMR	Polio	Hep B	Chick Pox	Out of Compliance Missing Final Inject or Record.	Cond
Pre Sch*					95.1% 3 Inj.	95.1% 3 Inj.	93.1% 1 Inj.	93.5% 3 Inj.	89.0% 3 Inj.	91.7% 1 Inj.		
Kinder**	4.5%	1.2%	3.1%	.2%	90.1% 5 Inj.	90.7% 5 Inj.	89.5% 2 Inj.	88.4% 4 Inj.	91.9% 3 Inj.	87.9% 2 Inj.	10.9%	1.8%
6 th Grade**	6.7%	1.0%	5.5%	.3%	80.4% 6 th Inj.	81.5% 6 th Inj.	95.5% 2 Inj.	95.5% 4 Inj.	95.3% 3 Inj.	93.0% 2 Inj.	16.0% 6 th TDaP due age 11-12	1.1%
K-12 100% - Any Ex %**	5.2%	1.0%	3.9%	.3%	96.8% Any Ex 3.2%	97.1% Any Ex 2.9%	96.9% Any Ex 3.1%	97.0% Any Ex 3.0%	96.9% Any Ex 3.1%	97.1% Any Ex 2.9%		

*http://www.cdc.gov/vaccines/imz-managers/coverage/nis/child/tables/13/tab02_antigen_iap_2013.pdf

**<http://www.doh.wa.gov/DataandStatisticalReports/HealthBehaviors/Immunization/SchoolReports/DataTables>

4 of the 16 required Kindergarten enrollment injections are CDC scheduled between age 4 and 6. WA enrolls children into Kindergarten who just turned 5 in August. Some children are still getting final booster injections during the school year as they turn 6. The report closes November 1, and is a snapshot of the first 8 weeks of the school year.

WA DOH doesn't credit those children for the partial series, and instead puts them in the **“Out of Compliance”** column, where they can appear, ‘unvaccinated’. Even though they have the proper injections for their age. Some other states which measure “better” than Washington credit “in process” series. There are other state variations- some only require 4 DTaP, 1 Chicken Pox, etc.

You can see the “drop” in the rates when you compare Kindergarten to Pre-School and 6th grade, which both have 93-95% rates. The Pre-School children are still as vaccinated in Kindergarten, but show up in the “Out of Compliance” column during Kindergarten, until they get the final injections. You can see that measurement effect in the 6th grade rates, which are actually reached during 1st grade when the children age into the final boosters. You can see the “Out of Compliance” effect again when the 6th TDaP is measured in the beginning of 6th Grade, before all of the children are of age and the final injection is caught up, hence the 16% “Out of Compliance”, yet documented 95% + MMR, Polio, etc.

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4 of the 16 Kindergarten School attendance injections are CDC scheduled between age 4 and 6 years old. 5 year old kids are enrolled into Kindergarten, who are still within the age 4 - 6 time frame for final boosters. K Rates are incomplete because it measures children in the middle of the administration window, just after school starts.

Kindergarten Kids are still in the process of completing the vaccine injection series- K Rate measurement is too early to be accurate

Appendix A

Recommended and Minimum Ages and Intervals Between Doses of Routinely Recommended Vaccines ^{1,2,3,4}				
	Recommended age for this dose	Minimum age for this dose	Recommended interval to next dose	Minimum interval to next dose
Diphtheria, tetanus, and pertussis (DTaP)-1 ⁵	2 months	6 weeks	8 weeks	4 weeks
	4 months	10 weeks	8 weeks	4 weeks
	6 months	14 weeks	6-12 months	6 months ⁶
DTaP-4	15-18 months	15 months ⁷	3 years	6 months
DTaP-5	4-6 years	4 years	—	—
<i>Haemophilus influenzae</i> type b (Hib)-1 ^{8,9}	2 months	6 weeks	8 weeks	4 weeks
Hib-2	4 months	10 weeks	8 weeks	4 weeks
Hib-3 ⁹	6 months	14 weeks	6-9 months	8 weeks
Hib-4	12-15 months	12 months	—	—
Hepatitis A (HepA)-1	12-23 months	12 months	6-18 months	6 months
HepA-2	≥18 months	18 months	—	—
Hepatitis B (HepB)-1 ⁵	Birth	Birth	4 weeks-4 months	4 weeks
HepB-2	1-2 months	4 weeks	8 weeks-17 months	8 weeks
HepB-3 ¹⁰	6-18 months	24 weeks	—	—
Herpes zoster (HZV) ¹¹	≥60 years	60 years	—	—
Human papillomavirus (HPV)-1 ¹²	11-12 years	9 years	8 weeks	4 weeks
HPV-2	11-12 years (+ 2 months)	9 years (+ 4 weeks)	4 months	12 weeks ¹³
HPV-3 ¹³	11-12 years (+ 6 months)	9 years (+24 weeks)	—	—
Influenza, inactivated (IIV) ¹⁴	≥6 months	6 months ¹⁵	4 weeks	4 weeks
Influenza, live attenuated (LAIV) ¹⁴	2-49 years	2 years	4 weeks	4 weeks
Measles-mumps-rubella (MMR)-1 ¹⁶	12-15 months	12 months	3-5 years	4 weeks
MMR-2 ¹⁶	4-6 years	13 months	—	—
Meningococcal conjugate (MCV)-1 ¹⁷	11-12 years	6 weeks ¹⁸	4-5 years	8 weeks
MCV-2	16 years	11 years (+ 8 weeks)	—	—
Meningococcal polysaccharide (MPSV4)-1 ¹⁷	—	2 years	5 years	5 years
MPSV4-2	—	7 years	—	—
Pneumococcal conjugate (PCV)-1 ⁸	2 months	6 weeks	8 weeks	4 weeks
PCV-2	4 months	10 weeks	8 weeks	4 weeks
PCV-3	6 months	14 weeks	6 months	8 weeks
PCV-4	12-15 months	12 months	—	—
Pneumococcal polysaccharide (PPSV)-1	—	2 years	5 years	5 years
PPSV-2 ¹⁹	—	7 years	—	—
Poliovirus, Inactivated (IPV)-1 ⁵	2 months	6 weeks	8 weeks	4 weeks
IPV-2	4 months	10 weeks	8 weeks-14 months	4 weeks
IPV-3	6-18 months	14 weeks	3-5 years	6 months
IPV-4 ²⁰	4-6 years	4 years	—	—
Rotavirus (RV)-1 ²¹	2 months	6 weeks	8 weeks	4 weeks
RV-2	4 months	10 weeks	8 weeks	4 weeks
RV-3 ²²	6 months	14 weeks	—	—
Tetanus-diphtheria (Td)	11-12 years	7 years	10 years	5 years
Tetanus-diphtheria-acellular pertussis (Tdap) ²³	≥11 years	7 years	—	—
Varicella (Var)-1 ¹⁶	12-15 months	12 months	3-5 years	12 weeks ²⁴
Var-2 ¹⁶	4-6 years	15 months ²⁵	—	—

Centers for Disease Control and Prevention
 Epidemiology and Prevention of Vaccine-Preventable Diseases, 13th Edition

April, 2015

<http://www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/A/age-interval-table.pdf>

Appendix A-13

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“Dangerous Pockets” are a measuring artifact, and created, by classifying any child who is less than 16/16 injections (K-5th grade), or 17/17 injections (6th -12th grade), “Exempt”, and using percentages to measure “Exempt” in small populations. Big districts have “low” exemption rates, small districts have “high” exemption rates because of the disproportionate percentage representation of a single child in smaller districts or school groups.

This chart shows stratification by enrollment and PBE of the 280 districts reporting in 2014 -15. It very clearly shows the relationship between district enrollment counts, the impact a student with an exemption has on the measurement, and then exemption rates.

98.5% of WA Children attend a 9.99% exemption or less district.

2014/15 District PBE Percentage Rate	Number of Districts in Category	Total Enrollment of All Districts in Category	Average Enrollment per District in Category	Percent of State Total Enrollment, & Cumulative %	Percent Impact of Single Ex in Category
0.0 – 4.99%	172	837,685	4,870	75.85 / 75.85%	.021%
5.0 – 9.99%	78	250,588	3,213	22.69% / 98.54%	.031%
10.0 – 19.99%	23	15,469	673	1.4 % / 99.94%	.149%
20% -39.99%	5	600	120	.05% / 99.99%	1.11%
40% plus	2	28	14	.002% / 100%	7.14%
Totals	280	1,038,962			324 times greater impact smallest districts to large

The 2 “highest exemption” districts have 14 children total, each. Shaw Island, in the Puget Sound, and Benge, in rural eastern WA. These are the “dangerous pockets” districts, where one child who is less than 16/16 -17/17 injections adds 7.14% to the exemption rate.

Washington State has many rural and isolated single school districts.

40 WA school districts have less than 100 students.

92 districts have 300 or less students.

If HB2009 passes the loss of FTE to these districts could harm them.

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Exemption Use is Selective and Responsible

Example- One of Seattle Public Schools “worst” exemption rate schools- Salmon Bay K-8 Alternative. 673 children, 124 (18.4%) with an Informed Choice / Personal Belief Exemption, 57 (8.5%) with a Medical Exemption, 181 (26.9%) total. But 19 children use both types, making the total “all type” exemption student count 162, 24.1%. Are 24.1% of the 673 unvaccinated? No.

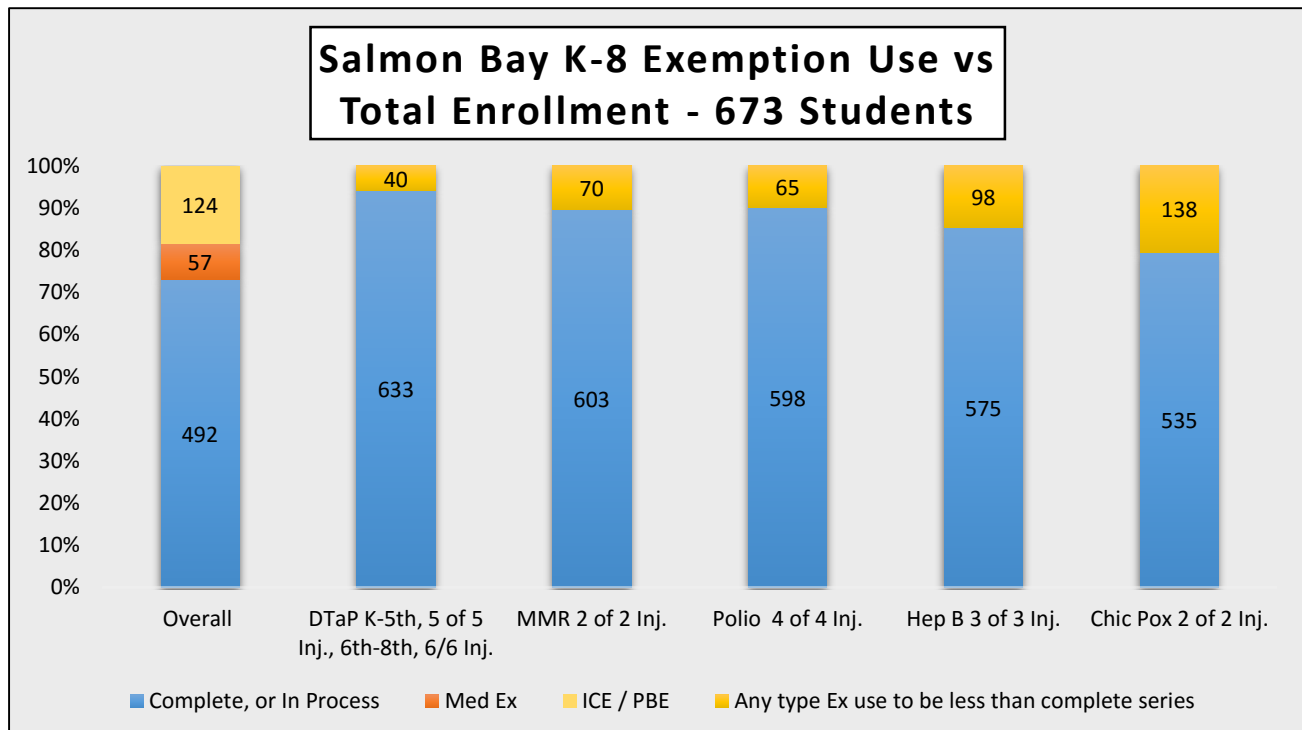
This “24.1% Exempt School” has 100% DTaP coverage for Kindergarten, and is overall 94% Vaccinated (or in process) for DTaP, 90% for MMR, 89% Polio, 85% Hepatitis B. Chicken Pox is the outlier at 79% coverage.

Only 40 of the 162 children with either type of exemption use an exemption (Medical and ICE/PBE combined) to be less than complete for 5/5 or 6/6 DTaP / TDaP in 1st to 8th grade. This compares to 138 children exempting from 2/2 Chicken Pox injections.

98 more children are exempting from Chicken Pox than DTaP. 240%.

Examination shows that 40 (25%) of the children with exemptions are exempting only from Chicken Pox. HB2009 would bar these children from school. 10 years ago Chicken Pox was not a requirement and would not need an exemption, and 20 years ago this school would have “0%” Chicken Pox vaccination because the vaccine was not yet licensed. **Is it fair to call a family who is opting out of only Chicken Pox, but does the other vaccines “anti-vaccination”?**

Exemption use is responsible, and Washington is very safe.



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Less than 16/16 & 17/17 injection students do not represent an inordinate risk to the Immune Compromised

Johns Hopkins warns that the **vaccinated are a threat to the immunocompromised**

Page 1 of 4

The Johns Hopkins Hospital Patient Information

Care at Home for the Immunocompromised Patient

What can I do to prevent infection?

- Hand washing is the **best way** to prevent infection.
- Carry hand sanitizer with you at all times.
- Wash with soap and water or hand sanitizer
 - before and after you use the bathroom
 - before and after preparing or eating food
 - after touching pets or animals
 - after contact with someone who has an infection such as a cold or the flu
 - after touching surfaces in public areas (such as elevator buttons, handrails and gas pumps)

Should an IC child really be in the uncontrolled environment of a public school or other public spaces?

Do I need to wear a mask?

- Wear an N95 respirator mask when you travel to and from the hospital, when you are in the hospital, within two football fields of construction or digging, and in any public place.
- Close all car windows and turn on the re-circulate button of your ventilation system.
- Avoid crowds if possible. An area is crowded if you are within an arm's length of other people.
- Avoid closed spaces if possible.

Can I have visitors?

- Tell friends and family who are sick, or have recently had a live vaccine (such as chicken pox, measles, rubella, intranasal influenza, polio or smallpox) not to visit.
- It may be a good idea to have visitors call first.
- Avoid contact with children who were recently vaccinated.

Are there any precautions I should take?

- Do not take aspirin or aspirin-like products (such as Advil™, Motrin™ or Excedrin™) unless told by your doctor.
- You should wear a medical alert bracelet that identifies you as a cancer patient or bone marrow transplant patient at risk for bleeding or infection.
- **Keep a current medication list with you at all times.**
- Do not take any herbal products.
- Avoid grapefruit juice, which interacts with many medications.

Are schools currently notifying IC families when fellow students have been recently vaccinated with live viruses?

0965 ©2008 The Johns Hopkins Hospital

"Protecting" Immune Compromised (IC) children is often used to promote mandates.

This page from a Johns Hopkins Hospital patient guide shows that the level of vigilance required to protect the IC from infection exposure is much, much more involved than simply vaccinating their classmates.

It also details that recently vaccinated classmates are themselves a threat to the IC due to vaccine failure and viral shedding. Are schools currently notifying IC families when a classmate has been recently vaccinated?

If the Immune Compromised must be kept away from the recently ill and vaccinated, out of crowds without a mask, and must wash their hands after contact with any communal surface, how safe is any school regardless of the vaccination status of the children?

The WA DOH considers over 60 infections to be notifiable, and only a handful are potentially vaccine preventable.

In light of this why do the IC have a superior claim to school attendance? Wouldn't it make more sense to provide the IC with a protected, segregated education until they can re-join the broader population?

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School requirements for the current infections date to only 1980, and were not driven or prompted by high mortality numbers of children for these infections.

Mortality rates for all of the potentially vaccine preventable infections had dropped to zero average annually well before school attendance requirements, before vaccines were in broad population use, or in some cases even developed. **Measles mortality** ranged from 1 to 4 annually 1959 to 1967, with 5,500- 22,800 cases/year, and **dropped to zero in 1968, 12 years before school rules** and before the MMR vaccine was in wide use in the 1970's. **There were only 4 Pertussis mortalities in 21 years from 1959 to 1980.** The CDC 1962 to 2009 Vaccination Coverage report shows rates 60%-70% range, 20% to 40% lower than we have today. Chicken Pox mortality dropped to zero 16 years before the vaccine, and 26 years before it became a school requirement. Isn't it unreasonable that the small fraction of children who use an ICE/PBE to be less than complete for a vaccine series represent a threat? Is vaccine protection so tenuous that 2%-3% ICE PBE use represents some tipping point to outbreaks? The historical data doesn't show that.

ANNUAL REPORT OF COMMUNICABLE DISEASES AND DEATHS

YEARS	MEASLES			
	CASES REPORTED	RATE PER 100,000 POP.	DEATHS REPORTED	RATE PER 100,000 POP.
1952	5,446	218	4	.2
1953	12,373	489	12	1.5
1954	21,662	844	9	.4
1955	11,585	448	2	.07
1956	11,585	437	2	.08
1957	17,764	655	8	.3
1958	11,428	413	6	.2
1959	16,649	591	1	.04
1960	13,678	479	1	.04
1961	9,271	320	3	.1
1962	22,060	748	4	.1
1963	6,774	23	1	.03
1964	22,799	758	3	.1
1965	7,944	259	1	.03
1966	5,528	177	1	.03
1967	5,876	182	1	.03
1968	609	18	0	0
1969	82	2	0	0
1970	912	27	0	0
1971	2,030	59	0	0
1972	1,483	43	1	.03
1973	1,116	32	0	0
1974	84	2	0	0
1975	307	9	0	0
1976	298	8	0	0
1977	658	17	0	0
1978	442	12	1	.03
1979	1,170	29	0	0
1980	178	4	0	0
1981	3	.07	0	0
1982	42	1	0	0
1983				

Baby Boom
Huge
Birthrate

'59/'60 30,000 plus
cases / 2 mortality

2 Vaccines
Licensed in
1963 but with-
drawn due to
reactivity- used
sporadically
until 1968,
MMR licensed
in 1971

No School
Entry vaccine
requirements
until 1980,
58-68%
vax rates,
1 death
every 5 years.

Report:

COMMUNICABLE DISEASE STATISTICAL SUMMARY

1920-1982



DIVISION OF HEALTH
Office Of Public Health Laboratories and Epidemiology

These historical reports are
for All Age mortality,
Not just children.

<http://www.doh.wa.gov/DataandStatisticalReports/DiseasesandChronicConditions/CommunicableDiseaseSurveillanceData/AnnualCDSurveillanceReports>

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It is puzzling how the original need for attendance mandates was determined.

YEARS	PERTUSSIS			
	CASES REPORTED	RATE PER 100,000 POP.	DEATHS REPORTED	RATE PER 100,000 POP.
1952	164	7	1	.04
1953	607	24	1	.04
1954	1,419	55	1	.04
1955	1,005	38	1	.04
1956	341	13	1	.04
1957	286	11	1	.04
1958	1,018	37	1	.04
1959	571	20	0	0
1960	251	9	0	0
1961	344	12	0	0
1962	663	23	0	0
1963	517	17	0	0
1964	275	9	0	0
1965	115	4	1	.03
1966	253	8	0	0
1967	247	8	0	0
1968	97	3	0	0
1969	146	4	0	0
1970	226	6	0	0
1971	106	3	0	0
1972	103	3	0	0
1973	77	2	0	0
1974	87	3	0	0
1975	38	1	0	0
1976	26	.70	0	0
1977	71	2	2	.05
1978	59	2	0	0
1979	11	.30	0	0
1980	77	2	0	0
1981	58	1	1	.03
1982	36	.84	0	0
1983				

YEARS	MUMPS			
	CASES REPORTED	RATE PER 100,000 POP.	DEATHS REPORTED	RATE PER 100,000 POP.
1952	7,152	286	2	.08
1953	10,921	432	0	0
1954	9,430	367	1	.04
1955	6,423	248	0	0
1956	8,904	336	0	0
1957	6,137	226	0	0
1958	9,910	358	1	.04
1959	10,904	387	1	0
1960	14,590	511	0	0
1961	14,692	507	1	0
1962	7,675	260	0	0
1963	14,009	471	1	0
1964	21,496	715	0	0
1965	9,604	313	0	0
1966	10,541	337	0	0
1967	12,375	383	1	.03
1968	7,891	237	1	.03
1969	5,175	154	0	0
1970	6,976	204	1	.03
1971	9,483	276	1	.03
1972	6,616	193	0	0
1973	1,949	57	1	.03
1974	2,284	65	1	.03
1975	4,732	133	0	0
1976	946	26	0	0
1977	371	10	0	0
1978	223	6	0	0
1979	261	7	1	.03
1980	166	4	0	0
1981	165	4	0	0
1982	102	2	0	0
1983				

No
Vaccine
Until
1970's

YEARS	CHICKENPOX			
	CASES REPORTED	RATE PER 100,000 POP.	DEATHS REPORTED	RATE PER 100,000 POP.
1952	7,855	315	2	.08
1953	9,439	373	1	.04
1954	9,214	359	1	.04
1955	8,713	337	1	.04
1956	6,808	256	1	.04
1957	9,107	336	2	.08
1958	10,511	380	4	.15
1959	12,074	428	4	.15
1960	9,662	339	0	0
1961	4,984	172	1	.04
1962	11,634	395	2	.08
1963	12,607	424	1	.04
1964	14,979	498	6	.20
1965	10,639	347	1	.04
1966	9,521	305	3	.06
1967	9,803	304	2	.06
1968	7,257	218	1	.03
1969	5,361	159	1	.03
1970	8,111	238	2	.05
1971	7,848	228	2	.05
1972	9,613	280	1	.03
1973	11,813	343	2	0
1974	8,416	240	2	0
1975	6,381	179	3	0
1976	6,948	191	2	0
1977	12,594	339	2	0
1978	7,689	200	1	.03
1979	11,074	279	0	0
1980	6,982	169	0	0
1981	8,740	206	0	0
1982	6,086	143	0	0
1983				

No
Vaccine

YEARS	DIPHTHERIA			
	CASES REPORTED	RATE PER 100,000 POP.	DEATHS REPORTED	RATE PER 100,000 POP.
1952	30	1.20	5	.2
1953	38	1.50	6	.2
1954	20	.77	3	.1
1955	23	.88	6	.2
1956	12	.45	3	.1
1957	22	.81	1	.04
1958	3	.10	0	0
1959	0	0	0	0
1960	0	0	0	0
1961	8	.27	1	.04
1962	0	0	0	0
1963	2	.06	0	0
1964	11	.36	0	0
1965	10	.32	0	0
1966	11	.35	0	0
1967	4	.12	0	0
1968	1	.03	1	.03
1969	9	.26	3	.09
1970	10	.29	1	.03
1971	18	.52	0	0
1972	32	.93	3	.9
1973	104	3.00	2	.6
1974	190	5.50	1	.03
1975	246	7.00	0	0
1976	101	2.80	3	.08
1977	64	1.70	0	0
1978	64	1.60	0	0
1979*	0	0	0	0
1980	0	0	0	0
1981	1	.02	0	0
1982	0	0	0	0
1983				

Oppose HB2009- School funding formulas are based on enrollment. Requiring small districts to bar less than 16/16 & 17/17 injection children will disproportionately harm them.

Oppose HB2009

Protect Small School Districts, Keep Children in School

Washington is Very Well Vaccinated, Exemption Use is Low, Declining and Responsible

There was never a "Golden Age", in the past when Vaccine Acceptance and Vaccination rates were higher than they are today. The truth is there are more US children getting more vaccines for more infections at younger ages than ever in history.

Vaccine Coverage Levels – United States, 1962-2009

Year	DTP 3+	DTP4+	Polio 3+	MMR*	Hib3+	Var	PCV3+	HepB3+	Combined 4-3-1	Combined 4-3-1-3
1962	67.3									
1963	74.4									
1964	74.6									
1965	72.7									
1966	74.0									
1967	77.9									
1968	76.8			60.0						
1969	77.4			61.5						
1970	76.4			61.4						
1971	77.8			58.4						
1972	74.1			62.2						
1973	71.7			62.8						
1974	72.4		59.5	61.0						
1975	73.2		60.0	63.4						
1976	72.7		63.6	65.5						
1977	69.6		61.3	66.3						
1978	66.6		62.6	65.0						
1979	64.4		59.5	63.6						
1980	66.0		59.7	66.5						
1981	68.1		58.9	66.6						
1982	67.1		59.2	66.8						
1983	65.4		57.0	67.6						
1984	65.0		56.9	66.3						
1985	63.6		53.2	65.8						
1986†			53.6	61.2						
1987†										
1988†										
1989†										
1990†										
1991	68.8		53.2	82.0						
1992	83.0	59.0	72.4	82.5	28.2			8.0	68.7	55.3
1993	88.2	72.1	78.9	84.1	55.0			16.3	67.1	
1994	93.0	77.7	83.0	89.0	86.0			37.0	75.0	
1995	94.7	78.5	87.9	87.6	91.7			68.0	76.2	74.2
1996	95.0	81.1	91.1	90.7	91.7	16.0		81.8	78.4	76.5
1997	95.5	81.5	90.8	90.5	92.7	25.9		83.7	77.9	76.2
1998	95.6	83.9	90.8	92.0	93.4	43.2		87.0	80.6	79.2
1999	95.9	83.3	89.6	91.5	93.5	57.5		88.1	79.9	78.4
2000	94.1	81.7	89.5	90.5	93.4	67.8		90.3	77.6	76.2
2001	94.3	82.1	89.4	91.4	93.0	76.3		88.9	78.6	77.2
2002	94.9	81.6	90.2	91.6	93.1	80.6	40.8	88.9	78.5	77.5
2003	96.0	84.8	91.6	93.0	93.9	84.8	68.1	92.4	82.2	81.3
2004	95.9	85.5	91.6	93.0	93.5	87.5	73.2	92.4	83.5	82.5
2005	96.1	85.7	91.7	91.5	93.9	87.9	82.8	92.9	83.1	82.4
2006	95.8	85.2	92.9	92.4	93.4	89.3	87.0	93.4	83.2	82.3
2007	95.5	84.5	92.6	92.3	92.6	90.0	90.0	92.7	82.8	81.1
2008		84.6	93.6	92.1	90.9	90.7	80.1‡	93.5		
2009	94.0	83.9	92.8	90.0	92.1	89.6	92.6	92.4	81.5	

Decades of 30% - 40% unvaccinated population with no epidemics

The 90% plus coverage rates we see today were first achieved in the late 90's, and are the result of the convergence of 3 programs-

1) School attendance requirements, which began in the late 70's & early 80's;

2) The near complete indemnification for liability of vaccine manufacturers and administrators by the NVICP, The National Vaccine Injury Compensation program in 1988; and

3) VFC- Vaccines For Children, a funding scheme whereby the government buys and provides all "required" vaccines, 1993.

Required vaccines are now legislated purchases.

*Previously reported as measles-containing vaccine (MCV)

†No national coverage data were collected from 1986 through 1990.

‡In 2008, data are for PCV4+.

Combined 4-3-1: Four or more doses of DTP/DTaP/DT, three or more doses of poliovirus vaccine, and one or more doses of any measles-containing vaccine.

Combined 4-3-1-3: Four or more doses of DTP/DTaP/DT, three or more doses of poliovirus vaccine, one or more doses of any measles-containing vaccine, and three or more doses of *Haemophilus influenzae* type b vaccine.

Data prior to 1993 were collected by the National Health Interview Survey and represent 2-year-old children. Data from 1993 forward are from the National Immunization Survey and represent 19-35 month-old children. Different methods were used for the two surveys.

Data are available for combinations of vaccines not reflected on this table. For more information about annual coverage figures from 1994 to the present, see <http://www.cdc.gov/vaccines/stats-sur/nis/default.htm>.

This document can be found on the CDC website at:
<http://www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/G/coverage.pdf>

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